



Brockman Agency
A Financial Services Broker

Tel: (478) 785-6494 Fax: (844) 270-3632 Gen-Email: sales@brockmanagency.com
6997 Barcelona Blvd. Macon, Georgia 31216-6504

LEASE – FINANCE APPLICATION

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Business Name:

Contact:

Fed Tax ID:

--	--	--

Street Address:

City:

ST: Zip:

--	--	--

Telephone:

Fax:

Email:

--	--

Industry Type:

Ownership Type:

--	--	--

Bank Name:

Telephone:

Contact:

--	--	--

Account #:

Account Type:

Routing #:

--	--	--

Owner: (1)

DOB:

SSN:

Home Address:

--

--	--	--

Owner: (2)

DOB:

SSN:

Home Address:

--

--	--	--

Trade Ref: (1)

Contact:

Telephone:

--	--	--

Trade Ref: (2)

Contact:

Telephone:

--	--	--

Trade Ref: (3)

Contact:

Telephone:

Lease Amount \$
(Before Sales Tax)

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Terms: (MOS)

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By signing below, the undersigned individual, who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes the Brockman Agency or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed. A photostat or facsimile copy of this authorization shall be valid as the original.

SIGNATURE:

PRINT NAME:

SIGNATURE:

PRINT NAME:

DATE:



Brockman Agency
A Financial Services Broker

Sending Application:

Email To: faxbox@brockmanagency.com

(OR)

Fax To: 1-844-270-3632

Dealer / Vendor Information Page

Dealer / Vendor Business Name:

Street Address:

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City:

ST:

Zip:

Contact:

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Telephone:

Fax:

Email:

Fed Tax ID:

State Tax ID:

Give a full description of equipment including the following:

Manufacture / Model # / Serial # / Title Information /

How equipment will be used by applicant.

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

By signing below, each undersigned individual(s) who is either a principal of the credit applicant listed below or a guarantor of its obligations, provides written instruction to Lessor or its designee (and any nominee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or the extension of such credit and for reviewing and collecting the resulting account, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. A photocopy or facsimile of this authorization shall be valid as the original.

In addition to authorizing review of my/our credit profile from any national credit bureau, the undersigned also authorizes my/our financial institutions and creditors to release credit information required by Lessor or its designee (and any assignee or potential assignee thereof). By signing below, I/we affirm our identity as the respective individuals identified in the related application. The undersigned states that all of the statements and information in the application provided are true & complete.

CREDIT APPLICANT (LESSEE): **X** _____

Name (Please print): _____ Date: _____

Home Address: _____

Signature: **X** _____ Title: _____

Social Security Number: _____

Name (Please print): _____ Date: _____

Home Address: _____

Signature: **X** _____ Title: _____

Social Security Number: _____



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